

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Toru NAGARA

Serial No.

10/084,985

For

LASER DRIVING METHOD AND DEVICE, AND RECORDING/REPRODUCING

DEVICE AND METHOD

Filed

February 28, 2002

Examiner

T. Nguyen

Group Art Unit

2828

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sin

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	10	Minus	39 =	0 ×	\$18(9)	= \$0
Independent claims	2	Minus	4 =	0 ×	\$86(43)	= 0
	<u> </u>			ional fee for endment		\$0

If the entry in Column 2 is less to	nan the entry in Column 4	, write "0" in Column 5.
-------------------------------------	---------------------------	--------------------------

This response is being filed within the month following the expiration of the term originally set therefor.
This is a petition to request a <u>-month</u> extension of time. A check covering the cost of the petition is
enclosed.

_	A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	A check in the amount of \$.00 is attached, which covers the cost of \square additional claims and \square thee-month petition
	for extension of time.

EXPRESS MAIL

Mailing Label Number:

ER 502469532 US

Date of Deposit:

October 28, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to:

Mail Stop AF, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450.

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG, LLP Attorneys for Applicant(s)

By: Darren M. Simon Reg. No. 47,946 Tel. (212) 588-0800

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid _, or is paid herewith _.

_ Charge \$_ to Deposit Account No. 50-0320.

X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.